

New Jersey Department of Health and Senior Services
Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08726-0360
609-633-7777 (Phone) 609-633-7839 (Fax)

Check One:

- ☐ MAV
☐ BLS Ambulance
☐ MICU
☐ SCTU

INCIDENT REPORT

In accordance with N.J.A.C. 8:40-3.7, agencies are required to notify the Office of Emergency Medical Services within fourteen (14) days of an incident. Please complete the form and submit with documentation to the Office of Emergency Medical Services at the address listed above.

Required documents: attach copies of current Certifications (EMT, CPR) and Driver's License.

PROVIDER INFORMATION				
Agency Name			Date Report Filed	
Address of Agency				
Name of Person Filing Report			Title	
DETAILS OF INCIDENT				
Incident Date	Incident Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Condition	
Type of Incident				
Incident Location				
Crew Member(s)				
(1)		(2)		
Injured Patient(s) <input type="checkbox"/> Yes* <input type="checkbox"/> No	Injured Staff <input type="checkbox"/> Yes* <input type="checkbox"/> No	Other Injuries <input type="checkbox"/> Yes* <input type="checkbox"/> No		*If yes, include PCR (Patient Care Report).
Patient Name	Date of Birth	Name of Hospital		
STATUS AT TIME OF INCIDENT				
<input type="checkbox"/> Responding to 911 Call	<input type="checkbox"/> Enroute to Medical Facility with Patient	<input type="checkbox"/> Not on Assignment		
<input type="checkbox"/> Non-Emerg Transport	<input type="checkbox"/> Enroute to Medical Facility without Patient	<input type="checkbox"/> Other (Specify):		
<input type="checkbox"/> On Scene	<input type="checkbox"/> Responding for Non-Emerg Transport			
VEHICLE INFORMATION				
Vehicle Recognition No.	License Plate No.	VIN Number		
SUMMARY OF INCIDENT				
CORRECTIVE ACTION (TO PREVENT REOCCURRENCE, INCLUDING COMPLETION DATES)				